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five-, seven-, and eight-ounce bottles. There was no small amount of bottle washing, in which I was ably assisted by "Nathan," my cheerful "right hand," who likewise proved my guardian by day.

When the labors of the day were ended I was usually glad enough to turn in to my tent, where, like Robinson Crusoe's, "my right there was none to dispute."

By my bedside on the table lay a loaded six-shooter, while outside the door reposed a huge black dog with a bark like a megaphone, but, let a peal of thunder or the report of a pistol arouse him, and he would be "absent, but not forgotten." No; it would be very hard to forget his cowardly acts.

A summer thus spent on the milk-farm, from July 1 to September 1, proved a pleasant and interesting diversion from the general routine of private nursing.

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## THE CARE OF THE BABY'S CORD

By RUTH BREWSTER SHERMAN

Graduate Nurse of the Johns Hopkins Hospital

To THE graduate fresh from her training-school the treatment of the umbilical cord may seem a simple matter leading to an unvarying result. So, to a certain degree, it is; and in this case, as in all the rest of our work, we can say with the proverb, "Blessed is the nation which hath no annals;" but it will also often happen that a nurse who does much obstetrical work will find something new to learn about the cord from each baby under her care.

A very common dressing is the square of powdered linen with a hole in the centre. But with even the most careful sterilizing these will become slightly stiffened and the powder is apt to be lumpy or to collect in the folds of the linen. Much better results are obtained by powdering the whole stump of the cord thickly with sterile boric powder and wrapping it in sterilized absorbent cotton, padding well around the base and between the cord and the abdomen before the band is pinned on. This dressing stays in place better than the linen and is more comfortable against the skin; also, it better absorbs the natural moisture of the "jelly," as will be seen by an examination of the cotton on the first occasion of a change. To insure the sterility of the powder and avoid the necessity of handling it, a nurse who takes many obstetrical cases will find it helpful to carry with her a small glass or tin box with a

perforated top, or an ordinary small kitchen salt shaker, which can be filled with powder and sterilized with the rest of the obstetrical dressings.

We are past the days when hunger and colic were almost the only causes assigned for a baby's crying. We now think of an over-full stomach as well as an empty one, of thirst or sleepiness, heat, cold, damp or disordered clothing, cold feet, or a cramped position. We might well add: think also of the cord when seeking the cause of persistent crying. Remove band and dressing, powder the stump and put on plenty of fresh cotton, change its position slightly on the abdomen, powder and rub gently the whole surface of the body to be enclosed in the band, and then replace the band just closely enough to hold the dressing in place—and the chances are ten to one that you will have a quiet, comfortable baby instead of a screaming one. No nurse who appreciates the baby's feelings will make the old mistake of a too-tight band. Remember its only object is to protect the dressing; remember too how easily it wrinkles and chafes the sensitive skin, and how distressing on the tender little body must be the pressure of the cord and its dressing when there is the least compression, especially if the cotton becomes damp or stiff or bunched! Attention to these details at night also increases the probabilities of a quiet sleep.

As the cord separates and the bundle of fibres holding the dried stump to the body grows more and more slender, daily care must be taken that powder and cotton are both applied well under the separated edges, quite to the inmost surfaces, where they are now especially needed. The baby may now be fretful for two good reasons: the stump is by this time so dry and harsh that any contact with the delicate skin is irritating, and it is so loose that it easily slips out of position and puts a strain on the small bundle of fibres which holds it to the body.

Two authorities on the care of children have recently remarked that whether the cause be natural or a fault in treatment, cords remain on longer now than formerly. Many nurses find in private practice that they remain on considerably longer than hospital experience led them to expect—until the eighteenth or nineteenth day or more. I lately nursed a baby the stump of whose cord was cut away on the twenty-first day by the doctor, who expressed a belief that if let alone it would not have fallen off for another month. The remaining small wound, antiseptically treated, healed in a few days. The mother said that the same thing had happened with an older child, in whose case the stump had been severed from the body, she said, with a cautery.

Powder and cotton are necessary over the navel for a few days after the cord drops. One doctor I know uses iodoform at this time. It is always a welcome day when we can dispense with these and the flannel

strip, and use the soft woven band with buttoned shoulder-straps and flaps for pinning to the diaper, or, with a summer baby, no band at all.

Slipping of the ligature, with resulting hemorrhage, is an accident which I am thankful to have seen only once, either in or out of hospital. My first baby patient in private work was born in intensely hot weather, but during the first day her hands suddenly became blue and cold. Quick investigation revealed the cause, apparently between one and two drachms of blood having just been lost. The cord was retied with bobbin dipped in formalin, the baby put to bed, thoroughly warmed, and no harm followed.

One who reads much will meet varying advice on the best way of treating the cord. The New York *Medical Journal* two years ago quoted a foreign article recommending alcohol and urging in its favor (1) that it causes the watery elements to be rapidly absorbed, with resultant quick drying of the stumps; (2) that through the disinfecting properties of alcohol infection is prevented, and (3) that the method is painless. A firm of manufacturing chemists, which makes a specialty of all articles needed in obstetrical work, has issued a pamphlet called "Hygiene in Maternity," in which, among excellent directions for the care of her patients, the nurse is told to wrap the cord in "a pad of absorbent cotton soaked in alcohol or boracic solution." One cannot, however, do better than to read the following extract from the "Obstetrics" of Dr. J. Whitridge Williams, from whom I learned this plan, for while many physicians give definite orders on this point, there are also many who care not at all what particular method a nurse uses so long as she gets good results—a thriving baby and a clean, healthy navel.

Page 315: "Formerly the care of the cord was considered a very trivial matter, and the midwife, as a rule, would wrap it in a piece of greased or singed linen, after which little or no attention was paid to it. This practice, and the total neglect of aseptic precautions, frequently resulted in an infection which was transmitted through the umbilical vessels, and from which in times past great numbers of children have perished. Even now umbilical infection is not of infrequent occurrence, and it may be stated as a general rule that whenever children die without any appreciable cause within a few weeks after birth, such an infection should be suspected and can usually be demonstrated. In view, therefore, of the not inconsiderable danger of infection from this source, strict aseptic precautions should be observed in caring for the cord.

"After the bath the stump of the cord should be thickly sprinkled with powdered boric acid and covered with a pad of sterile absorbent cotton held in place by a flannel bandage. If the child does well, this dressing need not be changed for some days, unless it becomes moist or

soiled. On removing it the cord will usually be found completely separated, otherwise a similar dressing should be reapplied. I have obtained very satisfactory results with this method of treatment, although in some cases it appears to prolong unduly the separation of the cord. After the cord has sloughed off the granulating umbilicus should be treated in the same manner, and the child should not receive another tub bath until it is completely healed, nor should the umbilical dressings be contaminated.

"In 1900 Dr. W. M. Dabney, one of my assistants, performed a series of experiments in the hope of determining the best method of dealing with the cord. He treated several series of cases, respectively, with the following dressings: boric acid, salicylic acid, a mixture of salicylic acid and starch, and a wrapping of silver foil. So far as he could see it made no difference which method was employed, provided the dressings were sterile. In still another series of cases he applied an occlusive dressing of liquid celloidin and absorbent cotton, but found that under such circumstances the cord was kept unduly moist and separation was perceptibly delayed.

"During the past few years this question has given rise to a great deal of discussion. In 1899 Dickinson recommended that the cord be completely excised where it joins the abdomen, its vessels ligated, and the wound closed by sutures. In 1900 Martin recommended that the cord be ligated close to the abdomen and cut through with red-hot scissors. Porak and others advocate compression of the cord by powerful forceps. But to my mind these procedures offer no advantage over those already in use, the important point in the treatment being not so much the method employed as the avoidance of infection by the most rigid adherence to the principles of asepsis."

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## THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS \*

By LILIAN D. WALD

THE treatment of disease among the poor assumes grave importance when regarded from its social, economic, and moral aspects, as well as its purely therapeutic one. The proportion of people made dependent upon the community, in the first instance, through illness, the economic waste of unhygienic and physically demoralizing conditions, and the certainty that much of the result could have been prevented are powerful

\* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.